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Boyd et al.

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For:

IRRITABLE BOWEL SYNDROME

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1614

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Sir:

Transmitted herewith are the following documents:

- [X] Copy of Notice to File Missing Parts Part 2
- [X] Executed Declaration for Patent Application by Inventors
- [X] Preliminary Amendment
- [X] Fee Calculation Sheet (x2)
- [X] Check for \$1312.00
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If the enclosed papers are considered incomplete, the Mail Room and/or the Application Branch is respectfully requested to contact the undersigned at (617) 720-3500, Boston, Massachusetts.

Page 2

A check in the amount of \$1312.00 is enclosed. If the enclosed check is determined to be incorrect, the balance may be charged or the excess may be credited to the account of the undersigned, Deposit Account No. 23/2825. A duplicate of this sheet is enclosed.

Respectfully submitted, Boyd et al., Applicant

Bv:

Edward R. Gates, Reg. No. 31,516 Wolf, Greenfield & Sacks, P.C.

600 Atlantic Avenue

Boston, Massachusetts 02210-2211

Telephone: (617) 646-8000

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